IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 088748 PIN# 4647646517 DATE 4/6/2000

OWNER OR CONTRACTOR Mark Cline PHONE: Business 663-5314 Home 528-7219

ADDRESS 392 Rankin Hill Rd Troutman, NC 28166

LOCATION Flowerhouse TR Rankin Hill Home on Rt. — 392 Rankin Hill

SUBDIVISION _____ BLOCK / SECTION _____ LOT _____ LOT AREA 6.47Acre SITE CLASS. PS DESIGN FLOW 360gpd L.T.A.R. _____

Septic Tank: Existing Gallons; STB _____ Date _____

Pump Tank: _____ Gallons; PT _____ Date _____

Pump Make: _____ Model _____ Serial No. _____

Nitrification Field: No Fields 1 Square Feet 1200 Linear Feet 400'

No Lines 4 at 100' Trench Width 36" Max Trench Bottom Depth _____ Gravel Depth _____

☐ New System ☐ Repair System Type: I, II, III, IV, V, VI

System Description: Existing Gravity-Conventional

Repair System Description: _____

Maintenance Agreement Required: ☐ Yes ☐ No

☒ House/Mod. Home No. Bedrooms 3

☐ Mobile Home No. Bathrooms 2

☐ Business No. Employees _____

☐ Other _____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

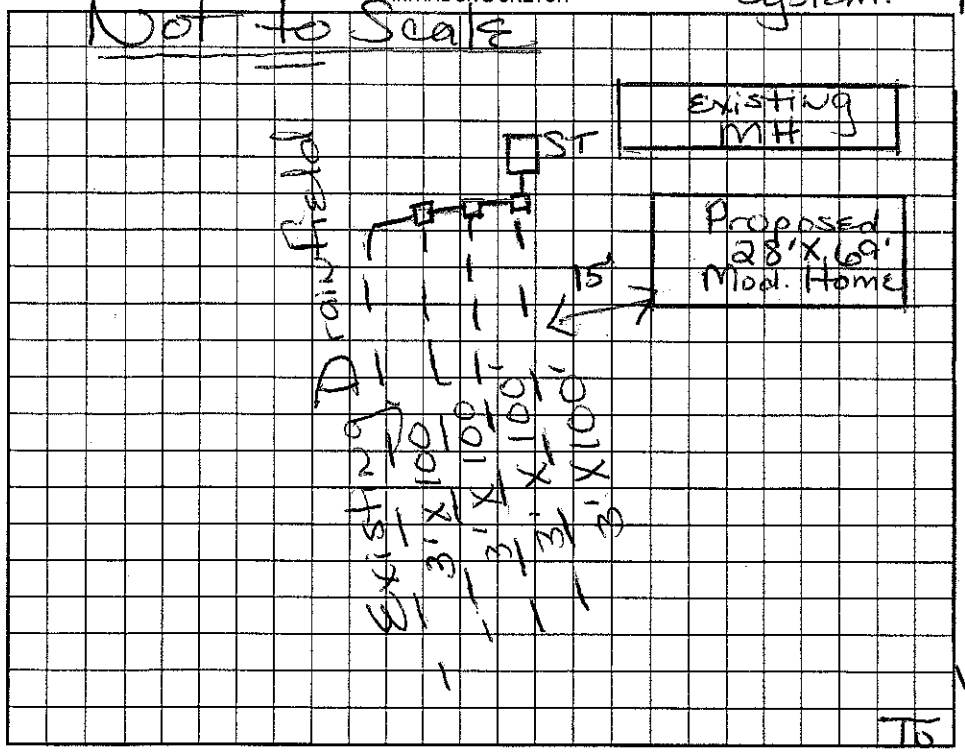
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning okay, No problems Noticed at time of inspection. ✱ Keep New home at least 5' from Septic System. ✱

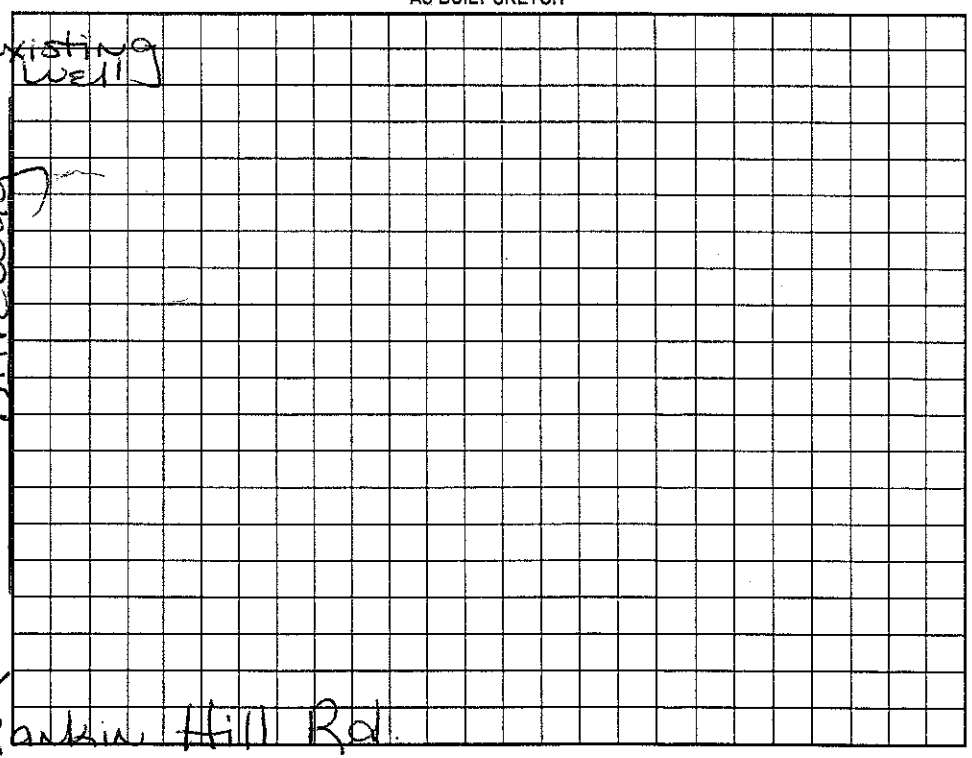
Comments:/Conditions: Septic System Permitted for 3 Bedroom. (System originally installed 7/92)

INITIAL SITE SKETCH

Not to Scale



AS BUILT SKETCH



Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: X Mark Cline date _____ Installed by: _____

Improvement Permit by: Maria H. Dotson RS date 4/6/2000 Operation Permit by: _____ date _____

Authorization to Construct by: _____ date _____ Existing System Inspection by: Maria H. Dotson RS date 4/6/2000

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK